

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37097

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1809 Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: 43 years In hospital or institution (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Amanda Hill

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased Sept 17 1858
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Ironton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name W.D. Rose

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Newton

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John E. Hill

(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof Nov. 15, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osark Mem. Park, Joplin

18. (a) Signature of funeral director Hurlbut Glover

(b) Address 422 Sergeant Ave., Joplin

19. (a) 11-19-48 (b) Ed D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 909 N. Landreth (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1948 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from Oct. 10, 1948, to Nov. 12, 1948, that I last saw him alive on Nov. 12, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. D. James (M. D. or other) _____

Address Joplin, Mo. Date signed 11-15-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

William E. Trust, Registered Apprentice No. 283
working under my personal supervision.

Signed

Dale Glover

Licensed Embalmer No.

4593

P. O. Address

Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Dec 2001*

Registration District No. *156*

Primary Registration District No. *2001*

Registrar's No. _____

1. PLACE OF DEATH:

(a) County *Jasper*
(b) City or town *Joplin*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME *Amanda Hill*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *wid*
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased *Sept 17* (Month) (Day) (Year)

8. AGE: Years *90* Months _____ Days _____ Unless than one day _____ hr. _____ min.

9. Birthplace (City, town, or county) _____ (State or foreign country) *Mo*

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) *11-18-48* (b) *Edo James*
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *11* year *1948* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-37097